

## Food Service License Application

New Establishment  
Establishment Name Change  
Change of Owner

Remodeling  
Moved to New Location  
Proposed Opening Date \_\_\_\_\_

### If Existing Food Establishment

Old Name: \_\_\_\_\_ License Number (if known) \_\_\_\_\_

#### Establishment Information

Name: \_\_\_\_\_

Location: \_\_\_\_\_

(City) (State) (Zip)

Business Mailing Address: \_\_\_\_\_

(City) (State) (Zip)

Business Telephone: \_\_\_\_\_

Tax Parcel Number: \_\_\_\_\_

#### License Holder/Owner/Leasee

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Owners Mailing Address: \_\_\_\_\_

City (State) (Zip)

Owners Telephone: \_\_\_\_\_

Secondary Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Food Service Establishment  
Tavern/Bar  
Food Vending Establishment  
Retail Food Market

Bakeries  
Meat Market  
Fish Market  
Deli

Food Processing  
Water Processing  
School Lunch

Months of Operation: \_\_\_\_\_ To: \_\_\_\_\_

Days of Operation \_\_\_\_\_ To: \_\_\_\_\_

Water Private - Provider Name: \_\_\_\_\_

Sewage Private - Provider Name: \_\_\_\_\_

Source Public - Provider Name: \_\_\_\_\_

Disposal Public - Provider Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

License Holder/Owner/Leasee Agent/Title \_\_\_\_\_

**\*\* Enclose Menu  
With Application**

**PANHANDLE HEALTH DISTRICT USE ONLY:** \$65.00 Fee Establishment #: \_\_\_\_\_

EH